

**Fill in this information to identify your case:**

Debtor 1	<b>Nancy Kimball Mellon</b>		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: <u>MIDDLE DISTRICT OF FLORIDA</u>			
Case number (if known)	<u>8:16-bk-06284</u>		

Check if this is an amended filing

**Official Form 106Sum****Summary of Your Assets and Liabilities and Certain Statistical Information**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

**Part 1: Summarize Your Assets**

		<b>Your assets</b> Value of what you own
1.	<b>Schedule A/B: Property</b> (Official Form 106A/B)	\$ <u>1,105,869.00</u>
1a.	Copy line 55, Total real estate, from Schedule A/B.....	\$ <u>1,105,869.00</u>
1b.	Copy line 62, Total personal property, from Schedule A/B.....	\$ <u>53,828.91</u>
1c.	Copy line 63, Total of all property on Schedule A/B.....	\$ <u>1,159,697.91</u>

**Part 2: Summarize Your Liabilities**

		<b>Your liabilities</b> Amount you owe
2.	<b>Schedule D: Creditors Who Have Claims Secured by Property</b> (Official Form 106D)	\$ <u>1,260,643.52</u>
2a.	Copy the total you listed in Column A, <i>Amount of claim</i> , at the bottom of the last page of Part 1 of <i>Schedule D</i> ...	\$ <u>1,260,643.52</u>
3.	<b>Schedule E/F: Creditors Who Have Unsecured Claims</b> (Official Form 106E/F)	\$ <u>537,659.00</u>
3a.	Copy the total claims from Part 1 (priority unsecured claims) from line 6e of <i>Schedule E/F</i> .....	\$ <u>537,659.00</u>
3b.	Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of <i>Schedule E/F</i> .....	\$ <u>188,884.68</u>
		<b>Your total liabilities</b> \$ <u>1,987,187.20</u>

**Part 3: Summarize Your Income and Expenses**

4.	<b>Schedule I: Your Income</b> (Official Form 106I)	\$ <u>8,713.06</u>
	Copy your combined monthly income from line 12 of <i>Schedule I</i> .....	\$ <u>8,713.06</u>
5.	<b>Schedule J: Your Expenses</b> (Official Form 106J)	\$ <u>24,695.00</u>
	Copy your monthly expenses from line 22c of <i>Schedule J</i> .....	\$ <u>24,695.00</u>

**Part 4: Answer These Questions for Administrative and Statistical Records**

6. Are you filing for bankruptcy under Chapters 7, 11, or 13?
 

No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Yes
7. What kind of debt do you have?
 

Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Debtor 1 Nancy Kimball MellonCase number (if known) 8:16-bk-06284

8. From the **Statement of Your Current Monthly Income**: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

\$ 32,041.25

9. Copy the following special categories of claims from Part 4, line 6 of **Schedule E/F**:

From Part 4 on Schedule E/F, copy the following:	Total claim
9a. Domestic support obligations (Copy line 6a.)	\$ <u>0.00</u>
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$ <u>537,659.00</u>
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$ <u>0.00</u>
9d. Student loans. (Copy line 6f.)	\$ <u>36,924.00</u>
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$ <u>0.00</u>
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	\$ <u>0.00</u>
<b>9g. Total.</b> Add lines 9a through 9f.	<b>\$ <u>574,583.00</u></b>

Fill in this information to identify your case and this filing:

Debtor 1	<b>Nancy Kimball Mellon</b>	
	First Name	Middle Name
Debtor 2		
(Spouse, if filing)	First Name	Middle Name
United States Bankruptcy Court for the: <b>MIDDLE DISTRICT OF FLORIDA</b>		
Case number	<b>8:16-bk-06284</b>	

Check if this is an amended filing

## Official Form 106A/B

### Schedule A/B: Property

12/15

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

#### Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In

##### 1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property?

No. Go to Part 2.

Yes. Where is the property?

1.1

#### 1015 Symphony Isles Blvd

Street address, if available, or other description

**Apollo Beach**      **FL**      **33572-0000**

City                          State                          ZIP Code

#### Hillsborough

County

##### What is the property? Check all that apply

- Single-family home
- Duplex or multi-unit building
- Condominium or cooperative
- Manufactured or mobile home
- Land
- Investment property
- Timeshare
- Other \_\_\_\_\_

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

**Current value of the entire property?      Current value of the portion you own?**

**\$864,069.00      \$864,069.00**

Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.

**Homestead / Fee Simple**

Check if this is community property  
(see instructions)

Other information you wish to add about this item, such as local property identification number:

Debtor 1 Nancy Kimball MellonCase number (if known) 8:16-bk-06284**If you own or have more than one, list here:**

1.2

1013 Symphony Isles Blvd

Street address, if available, or other description

Apollo Beach FL 33572-0000

City State ZIP Code

**What is the property? Check all that apply**

- Single-family home  
 Duplex or multi-unit building  
 Condominium or cooperative  
 Manufactured or mobile home  
 Land  
 Investment property  
 Timeshare  
 Other \_\_\_\_\_

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

**Current value of the entire property?** \$241,800.00      **Current value of the portion you own?**

\$241,800.00

Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.

Fee Simple

Check if this is community property (see instructions)

Hillsborough

County

**Who has an interest in the property? Check one**

- Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another

Other information you wish to add about this item, such as local property identification number:

2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here.....=>

\$1,105,869.00**Part 2: Describe Your Vehicles**

**Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.**

**3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles** No Yes3.1 Make: BMWModel: 645ciYear: 2005Approximate mileage: 200000

Other information:

**Rough Condition****Who has an interest in the property? Check one**

- Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

**Current value of the entire property?** \$1,000.00      **Current value of the portion you own?**

\$1,000.003.2 Make: BMW

Model: \_\_\_\_\_

Year: \_\_\_\_\_

Approximate mileage: \_\_\_\_\_

Other information:

**--- 2 BMW Leases (see Schedule G)****Who has an interest in the property? Check one**

- Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

**Current value of the entire property?** Unknown      **Current value of the portion you own?**

Unknown

Debtor 1 Nancy Kimball MellonCase number (if known) 8:16-bk-06284**4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories**

Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories

 No Yes4.1 Make: Johnson

Who has an interest in the property? Check one

Model: 150 Debtor 1 onlyYear: 1997 Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property  
(see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

Current value of the  
entire property?Current value of the  
portion you own?

\$500.00

\$500.00

Other information:

**1997 Outboard Boat - poor condition**

5 Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here.....=&gt;

\$1,500.00

**Part 3: Describe Your Personal and Household Items**

Do you own or have any legal or equitable interest in any of the following items?

Current value of the  
portion you own?Do not deduct secured  
claims or exemptions.**6. Household goods and furnishings**

Examples: Major appliances, furniture, linens, china, kitchenware

 No Yes. Describe.....**Location: 1015 Symphony Isles Blvd, Apollo Beach FL 33572****LIVING ROOM**

1 sofa 15 yrs \$25

2 chairs 20 yrs \$20

1 loveseat 35 yrs \$10

1 coffee table 20 yrs \$5

1 desk 50 yrs \$10

2 book cases 20 yrs \$10

\$80.00

**Location: 1015 Symphony Isles Blvd, Apollo Beach FL 33572****BEDROOMS**

3 bed 20 yrs \$100

3 night stands 30yrs \$15

6 lamps 20 yrs \$5

1 chair 30 yrs \$5

3 desk 20+ yrs \$30

3 dressers 20+ yrs \$50

5 book cases 20+ yrs \$10

\$215.00

**Location: 1015 Symphony Isles Blvd, Apollo Beach FL 33572****DINING/KITCHEN**

1 table 30+ yrs \$25

12 chairs 20 yrs \$24

1 china cabinet 30+ yrs \$25

2 sets of 12 pc flatware 30+ yrs \$10

20 pots / pans 30+ yrs \$5

\$89.00

Debtor 1

Nancy Kimball Mellon

Case number (if known) 8:16-bk-06284

<b>Location: 1015 Symphony Isles Blvd, Apollo Beach FL 33572</b>	
<b>FAMILY ROOM</b>	
2 sofas 20 yrs \$5	
2 chairs 20 yrs \$5	
1 end table 50 yrs \$5	
3 lamps 20 yrs \$10	\$25.00

<b>Location: 1015 Symphony Isles Blvd, Apollo Beach FL 33572</b>	
<b>PATIO</b>	
1 table, 4 chairs, 2 lounges, 1 grill - nominal value	\$1.00

<b>Location: 1015 Symphony Isles Blvd, Apollo Beach FL 33572</b>	
<b>NON-AFFIXED APPLIANCES</b>	
1 fridge 4 yrs \$20	
1 freezer 4 yrs \$20	
1 washer 10 yrs \$5	
1 dryer 10 yrs \$5	
1 microwave 20 yrs \$5	\$45.00

**7. Electronics**

*Examples:* Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games

 No Yes. Describe.....

<b>Location: 1015 Symphony Isles Blvd, Apollo Beach FL 33572</b>	
3 cell phones 2 yrs old, 1 TV 10 yrs old	\$10.00

**8. Collectibles of value**

*Examples:* Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles

 No Yes. Describe.....

<b>Misc collectibles / books / pictures / art</b>	
<b>Location: 1015 Symphony Isles Blvd, Apollo Beach FL 33572</b>	
	\$500.00

**9. Equipment for sports and hobbies**

*Examples:* Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments

 No Yes. Describe.....**10. Firearms**

*Examples:* Pistols, rifles, shotguns, ammunition, and related equipment

 No Yes. Describe.....**11. Clothes**

*Examples:* Everyday clothes, furs, leather coats, designer wear, shoes, accessories

 No Yes. Describe.....

<b>Misc. casual and work clothing</b>	
<b>Location: 1015 Symphony Isles Blvd, Apollo Beach FL 33572</b>	
	\$1,000.00

Debtor 1 Nancy Kimball MellonCase number (if known) 8:16-bk-06284**12. Jewelry***Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver* No Yes. Describe.....**Jewelry**

\$1,000.00

**13. Non-farm animals***Examples: Dogs, cats, birds, horses* No Yes. Describe.....**3 labs, 1 cat**

\$0.00

**14. Any other personal and household items you did not already list, including any health aids you did not list** No Yes. Give specific information.....**15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write that number here .....**

\$2,965.00

**Part 4: Describe Your Financial Assets****Do you own or have any legal or equitable interest in any of the following?**

**Current value of the portion you own?**  
 Do not deduct secured claims or exemptions.

**16. Cash***Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition* No Yes.....

**Cash on person/property**  
**Location:**  
 1015  
 Symphony  
 Isles Blvd,  
 Apollo Beach  
 FL 33572

\$20.00

**17. Deposits of money***Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each.* No Yes.....

Institution name:

**17.1. Checking****Bank of Tampa (ends in 3070)**

\$243.91

**18. Bonds, mutual funds, or publicly traded stocks***Examples: Bond funds, investment accounts with brokerage firms, money market accounts* No Yes.....

Institution or issuer name:

**19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture** No

Debtor 1 Nancy Kimball MellonCase number (if known) 8:16-bk-06284

Yes. Give specific information about them.....  
 Name of entity:

% of ownership:

**20. Government and corporate bonds and other negotiable and non-negotiable instruments**

*Negotiable instruments* include personal checks, cashiers' checks, promissory notes, and money orders.  
*Non-negotiable instruments* are those you cannot transfer to someone by signing or delivering them.

 No

Yes. Give specific information about them  
 Issuer name:

**21. Retirement or pension accounts**

*Examples:* Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans

 No Yes. List each account separately.

Type of account: Institution name:

<b>401(k)</b>	<b>Wells Fargo 401(k)</b>	<b>\$35,000.00</b>
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<b>Profit Sharing Plan</b>	<b>Wells Fargo Deferred Compensation Plan</b>	<b>\$0.00</b>
	<b>\$89,000 not vested</b>	

**22. Security deposits and prepayments**

Your share of all unused deposits you have made so that you may continue service or use from a company

*Examples:* Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others

 No Yes. ....

Institution name or individual:

<b>Water</b>	<b>Board of County Commissioners</b>	<b>\$100.00</b>
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**23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years)** No Yes..... Issuer name and description.**24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program.**

26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).

 No Yes.....

Institution name and description. Separately file the records of any interests.11 U.S.C. § 521(c):

**25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit** No Yes. Give specific information about them...**26. Patents, copyrights, trademarks, trade secrets, and other intellectual property**

*Examples:* Internet domain names, websites, proceeds from royalties and licensing agreements

 No Yes. Give specific information about them...**27. Licenses, franchises, and other general intangibles**

*Examples:* Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses

 No Yes. Give specific information about them...**Money or property owed to you?**

**Current value of the portion you own?**  
 Do not deduct secured claims or exemptions.

Debtor 1 Nancy Kimball MellonCase number (if known) 8:16-bk-06284**28. Tax refunds owed to you** No Yes. Give specific information about them, including whether you already filed the returns and the tax years.....

IRS Refund for 2010 based on 1040x

\$14,000.00

**29. Family support***Examples:* Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement No Yes. Give specific information.....**30. Other amounts someone owes you***Examples:* Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else No Yes. Give specific information..**31. Interests in insurance policies***Examples:* Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance No Yes. Name the insurance company of each policy and list its value.

Company name:

Beneficiary:

Surrender or refund value:

**32. Any interest in property that is due you from someone who has died**

If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died.

 No Yes. Give specific information..**33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment***Examples:* Accidents, employment disputes, insurance claims, or rights to sue No Yes. Describe each claim.....**34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims** No Yes. Describe each claim.....**35. Any financial assets you did not already list** No Yes. Give specific information..**36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here.....**

\$49,363.91

**Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.****37. Do you own or have any legal or equitable interest in any business-related property?** No. Go to Part 6. Yes. Go to line 38.**Part 6: Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In.**  
If you own or have an interest in farmland, list it in Part 1.**46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?** No. Go to Part 7.

Debtor 1 Nancy Kimball MellonCase number (if known) 8:16-bk-06284 Yes. Go to line 47.**Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above****53. Do you have other property of any kind you did not already list?**

Examples: Season tickets, country club membership

 No Yes. Give specific information.....**54. Add the dollar value of all of your entries from Part 7. Write that number here .....**

\$0.00

**Part 8: List the Totals of Each Part of this Form**

55. Part 1: Total real estate, line 2 .....	<u>\$1,105,869.00</u>
56. Part 2: Total vehicles, line 5	<u>\$1,500.00</u>
57. Part 3: Total personal and household items, line 15	<u>\$2,965.00</u>
58. Part 4: Total financial assets, line 36	<u>\$49,363.91</u>
59. Part 5: Total business-related property, line 45	<u>\$0.00</u>
60. Part 6: Total farm- and fishing-related property, line 52	<u>\$0.00</u>
61. Part 7: Total other property not listed, line 54	<u>\$0.00</u>
	+ <u>\$0.00</u>
62. Total personal property. Add lines 56 through 61...	<u>\$53,828.91</u>
	Copy personal property total <u>\$53,828.91</u>
63. Total of all property on Schedule A/B. Add line 55 + line 62	<u>\$1,159,697.91</u>

Fill in this information to identify your case:

Debtor 1	<b>Nancy Kimball Mellon</b>	
	First Name	Middle Name
Debtor 2 (Spouse if, filing)	First Name	Middle Name
United States Bankruptcy Court for the:	MIDDLE DISTRICT OF FLORIDA	
Case number (if known)	8:16-bk-06284	

Check if this is an amended filing

## Official Form 106C

**Schedule C: The Property You Claim as Exempt**

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

**Part 1: Identify the Property You Claim as Exempt**

## 1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.

- You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)  
 You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on *Schedule A/B* that you claim as exempt, fill in the information below.

Brief description of the property and line on <i>Schedule A/B</i> that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
		Check only one box for each exemption.	
1015 Symphony Isles Blvd Apollo Beach, FL 33572 Hillsborough County Line from <i>Schedule A/B</i> : 1.1	\$864,069.00	<input checked="" type="checkbox"/> \$0.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Fla. Const. art. X, § 4(a)(1); Fla. Stat. Ann. §§ 222.01 & 222.02
2005 BMW 645ci 200000 miles Rough Condition Line from <i>Schedule A/B</i> : 3.1	\$1,000.00	<input checked="" type="checkbox"/> \$1,000.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Fla. Stat. Ann. § 222.25(1)
Location: 1015 Symphony Isles Blvd, Apollo Beach FL 33572 LIVING ROOM 1 sofa 15 yrs \$25 2 chairs 20 yrs \$20 1 loveseat 35 yrs \$10 1 coffee table 20 yrs \$5 1 desk 50 yrs \$10 2 book cases 20 yrs \$10 Line from <i>Schedule A/B</i> : 6.1	\$80.00	<input checked="" type="checkbox"/> \$80.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Fla. Const. art. X, § 4(a)(2)

Debtor 1 **Nancy Kimball Mellon**

Case number (if known)

**8:16-bk-06284**

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
<b>Location: 1015 Symphony Isles Blvd, Apollo Beach FL 33572</b>	<b>\$215.00</b>	<input checked="" type="checkbox"/> \$215.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>Fla. Const. art. X, § 4(a)(2)</b>
<b>BEDROOMS</b> 3 bed 20 yrs \$100 3 night stands 30yrs \$15 6 lamps 20 yrs \$5 1 chair 30 yrs \$5 3 desk 20+ yrs \$30 3 dressers 20+ yrs \$50 5 book cases 20+ yrs \$10 Line from Schedule A/B: 6.2			
<b>Location: 1015 Symphony Isles Blvd, Apollo Beach FL 33572</b>	<b>\$89.00</b>	<input checked="" type="checkbox"/> \$89.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>Fla. Const. art. X, § 4(a)(2)</b>
<b>DINING/KITCHEN</b> 1 table 30+ yrs \$25 12 chairs 20 yrs \$24 1 china cabinet 30+ yrs \$25 2 sets of 12 pc flatware 30+ yrs \$10 20 pots / pans 30+ yrs \$5 Line from Schedule A/B: 6.3			
<b>Location: 1015 Symphony Isles Blvd, Apollo Beach FL 33572</b>	<b>\$25.00</b>	<input checked="" type="checkbox"/> \$25.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>Fla. Const. art. X, § 4(a)(2)</b>
<b>FAMILY ROOM</b> 2 sofas 20 yrs \$5 2 chairs 20 yrs \$5 1 end table 50 yrs \$5 3 lamps 20 yrs \$10 Line from Schedule A/B: 6.4			
<b>Location: 1015 Symphony Isles Blvd, Apollo Beach FL 33572</b>	<b>\$1.00</b>	<input checked="" type="checkbox"/> \$1.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>Fla. Const. art. X, § 4(a)(2)</b>
<b>PATIO</b> 1 table, 4 chairs, 2 lounges, 1 grill - nominal value Line from Schedule A/B: 6.5			
<b>Location: 1015 Symphony Isles Blvd, Apollo Beach FL 33572</b>	<b>\$45.00</b>	<input checked="" type="checkbox"/> \$45.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>Fla. Const. art. X, § 4(a)(2)</b>
<b>NON-AFFIXED APPLIANCES</b> 1 fridge 4 yrs \$20 1 freezer 4 yrs \$20 1 washer 10 yrs \$5 1 dryer 10 yrs \$5 1 microwave 20 yrs \$5 Line from Schedule A/B: 6.6			
<b>Location: 1015 Symphony Isles Blvd, Apollo Beach FL 33572</b>	<b>\$10.00</b>	<input checked="" type="checkbox"/> \$10.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>Fla. Const. art. X, § 4(a)(2)</b>
<b>3 cell phones 2 yrs old, 1 TV 10 yrs old</b> Line from Schedule A/B: 7.1			
<b>Misc collectibles / books / pictures / art</b>	<b>\$500.00</b>	<input checked="" type="checkbox"/> \$500.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>Fla. Const. art. X, § 4(a)(2)</b>
<b>Location: 1015 Symphony Isles Blvd, Apollo Beach FL 33572</b> Line from Schedule A/B: 8.1			

Debtor 1 **Nancy Kimball Mellon**

Case number (if known)

**8:16-bk-06284**

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
		<i>Check only one box for each exemption.</i>	
<b>Misc. casual and work clothing</b> Location: 1015 Symphony Isles Blvd, Apollo Beach FL 33572 Line from Schedule A/B: 11.1	<u>\$1,000.00</u>	<input checked="" type="checkbox"/> \$35.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>Fla. Const. art. X, § 4(a)(2)</b>
<b>401(k): Wells Fargo 401(k)</b> Line from Schedule A/B: 21.1	<u>\$35,000.00</u>	<input checked="" type="checkbox"/> \$35,000.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>Fla. Stat. Ann. § 222.21(2)</b>
<b>Profit Sharing Plan: Wells Fargo Deferred Compensation Plan \$89,000 not vested</b> Line from Schedule A/B: 21.2	<u>\$0.00</u>	<input checked="" type="checkbox"/> \$0.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>Fla. Stat. Ann. § 222.21(2)</b>

## 3. Are you claiming a homestead exemption of more than \$160,375?

(Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.)

- No
- Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?
- No
- Yes

Fill in this information to identify your case:

Debtor 1	<b>Nancy Kimball Mellon</b>		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: <b>MIDDLE DISTRICT OF FLORIDA</b>			
Case number (if known)	<b>8:16-bk-06284</b>		

Check if this is an amended filing

**Official Form 106D****Schedule D: Creditors Who Have Claims Secured by Property**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

## 1. Do any creditors have claims secured by your property?

- No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
- Yes. Fill in all of the information below.

**Part 1: List All Secured Claims**

2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.

2.1	Bank of Tampa	Describe the property that secures the claim:	Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	Column C Unsecured portion if any
	Creditor's Name	1015 Symphony Isles Blvd Apollo Beach, FL 33572 Hillsborough County	\$100,000.00	\$864,069.00	\$0.00

**PO Box 1  
Tampa, FL 33601**

Number, Street, City, State & Zip Code

## Who owes the debt? Check one.

- Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 Check if this claim relates to a community debt

As of the date you file, the claim is: Check all that apply.

- Contingent  
 Unliquidated  
 Disputed  
**Nature of lien.** Check all that apply.  
 An agreement you made (such as mortgage or secured car loan)  
 Statutory lien (such as tax lien, mechanic's lien)  
 Judgment lien from a lawsuit  
 Other (including a right to offset) **Bifurcated Debt - Cross Collateralized**

Date debt was incurred **6/22/16**

Last 4 digits of account number **0303**

2.2	Bank of Tampa	Describe the property that secures the claim:	Column A Amount of claim	Column B Value of collateral	Column C Unsecured portion if any
	Creditor's Name	1013 Symphony Isles Blvd Apollo Beach, FL 33572 Hillsborough County	\$101,314.00	\$241,800.00	\$46,410.00

**PO Box 1  
Tampa, FL 33601**

Number, Street, City, State & Zip Code

## Who owes the debt? Check one.

- Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another

As of the date you file, the claim is: Check all that apply.

- Contingent  
 Unliquidated  
 Disputed  
**Nature of lien.** Check all that apply.  
 An agreement you made (such as mortgage or secured car loan)  
 Statutory lien (such as tax lien, mechanic's lien)  
 Judgment lien from a lawsuit

Debtor 1 **Nancy Kimball Mellon**

First Name

Middle Name

Last Name

Case number (if known)

**8:16-bk-06284** Check if this claim relates to a community debt Other (including a right to offset) \_\_\_\_\_**Opened  
03/03 Last  
Active**Date debt was incurred **6/22/16**Last 4 digits of account number **0303****2.3 BMW Financial Services**

Creditor's Name

Describe the property that secures the claim:

**\$0.00****Unknown****Unknown****BMW  
--- 2 BMW Leases (see Schedule G)**

As of the date you file, the claim is: Check all that apply.

- Contingent  
 Unliquidated  
 Disputed

Nature of lien. Check all that apply.

- An agreement you made (such as mortgage or secured car loan)  
 Statutory lien (such as tax lien, mechanic's lien)  
 Judgment lien from a lawsuit  
 Other (including a right to offset) \_\_\_\_\_

Who owes the debt? Check one.

- Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 Check if this claim relates to a community debt

Date debt was incurred **LEASES**Last 4 digits of account number **LEASES****2.4 BMW Financial Services**

Creditor's Name

Describe the property that secures the claim:

**\$0.00****Unknown****Unknown****BMW  
--- 2 BMW Leases (see Schedule G)**

As of the date you file, the claim is: Check all that apply.

- Contingent  
 Unliquidated  
 Disputed

Nature of lien. Check all that apply.

- An agreement you made (such as mortgage or secured car loan)  
 Statutory lien (such as tax lien, mechanic's lien)  
 Judgment lien from a lawsuit  
 Other (including a right to offset) \_\_\_\_\_

Who owes the debt? Check one.

- Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 Check if this claim relates to a community debt

Date debt was incurred **LEASES**Last 4 digits of account number **LEASES****2.5 Rushmore Loan Mgmt Ser**

Creditor's Name

Describe the property that secures the claim:

**\$186,896.00****\$241,800.00****\$0.00****1013 Symphony Isles Blvd Apollo Beach, FL 33572 Hillsborough County**

As of the date you file, the claim is: Check all that apply.

- Contingent  
 Unliquidated  
 Disputed

Nature of lien. Check all that apply.

- An agreement you made (such as mortgage or secured car loan)  
 Statutory lien (such as tax lien, mechanic's lien)

Who owes the debt? Check one.

- Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only

Debtor 1 **Nancy Kimball Mellon**

First Name Middle Name Last Name

Case number (if known)

**8:16-bk-06284**

- At least one of the debtors and another  
 Check if this claim relates to a community debt

- Judgment lien from a lawsuit  
 Other (including a right to offset) \_\_\_\_\_

**Opened**  
**09/01 Last**  
**Active**

Date debt was incurred 1/06/15Last 4 digits of account number 8466**2.6 Small Business Admin**

Creditor's Name  
**Agency of US Government**  
**801 Tom Martin Drive #120**  
**Birmingham, AL 35211**

Number, Street, City, State &amp; Zip Code

Describe the property that secures the claim:

**1015 Symphony Isles Blvd Apollo Beach, FL 33572 Hillsborough County**

\$110,000.00\$864,069.00\$108,364.52

As of the date you file, the claim is: Check all that apply.

 Contingent Unliquidated Disputed**Nature of lien.** Check all that apply. An agreement you made (such as mortgage or secured car loan) Statutory lien (such as tax lien, mechanic's lien) Judgment lien from a lawsuit Other (including a right to offset) **Wholly Unsecured - to be stripped****Who owes the debt?** Check one.

- Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 Check if this claim relates to a community debt

Date debt was incurred \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

**2.7 Statebridge Company**

Creditor's Name  
**4600 S Syracuse St Ste 7**  
**Denver, CO 80237**

Number, Street, City, State &amp; Zip Code

Describe the property that secures the claim:

**1015 Symphony Isles Blvd Apollo Beach, FL 33572 Hillsborough County**

\$760,166.00\$864,069.00\$0.00

As of the date you file, the claim is: Check all that apply.

 Contingent Unliquidated Disputed**Nature of lien.** Check all that apply. An agreement you made (such as mortgage or secured car loan) Statutory lien (such as tax lien, mechanic's lien) Judgment lien from a lawsuit Other (including a right to offset) \_\_\_\_\_**Who owes the debt?** Check one.

- Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 Check if this claim relates to a community debt

**Opened**  
**03/02 Last**  
**Active**

Date debt was incurred 9/11/15Last 4 digits of account number 3527**2.8 Symphony Isles Master Ass**

Creditor's Name  
**c/o Inga Bartlett**  
**821 Symphony Isles Blvd**  
**Apollo Beach, FL 33572**

Number, Street, City, State &amp; Zip Code

Describe the property that secures the claim:

**1015 Symphony Isles Blvd Apollo Beach, FL 33572 Hillsborough County**

\$2,267.52\$864,069.00\$0.00

As of the date you file, the claim is: Check all that apply.

 Contingent Unliquidated Disputed

Debtor 1 Nancy Kimball Mellon  
 First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_

Case number (if known) 8:16-bk-06284

**Who owes the debt?** Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim relates to a community debt**

**Nature of lien.** Check all that apply.

- An agreement you made (such as mortgage or secured car loan)
- Statutory lien (such as tax lien, mechanic's lien)
- Judgment lien from a lawsuit
- Other (including a right to offset) \_\_\_\_\_

Date debt was incurred \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

Add the dollar value of your entries in Column A on this page. Write that number here:

\$1,260,643.52

If this is the last page of your form, add the dollar value totals from all pages.

\$1,260,643.52

Write that number here:

**Part 2: List Others to Be Notified for a Debt That You Already Listed**

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

Name, Number, Street, City, State & Zip Code  
**Syphony Isles**  
 c/o Bush Ross PA  
 Tiffany Love McElheran, Esq.  
 PO Box 3913  
 Tampa, FL 33601

On which line in Part 1 did you enter the creditor? 2.8

Last 4 digits of account number \_\_\_\_\_

## Fill in this information to identify your case:

Debtor 1	<b>Nancy Kimball Mellon</b>		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: <b>MIDDLE DISTRICT OF FLORIDA</b>			
Case number (if known)	<b>8:16-bk-06284</b>		

Check if this is an amended filing

**Official Form 106E/F****Schedule E/F: Creditors Who Have Unsecured Claims****12/15**

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. If you have no information to report in a Part, do not file that Part. On the top of any additional pages, write your name and case number (if known).

**Part 1: List All of Your PRIORITY Unsecured Claims**

1. Do any creditors have priority unsecured claims against you?

No. Go to Part 2.  
 Yes.

2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.

(For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

	Total claim	Priority amount	Nonpriority amount
2.1 Priority Creditor's Name <b>IRS</b> PO Box 7346 Philadelphia, PA 19101 Number Street City State Zip Code	\$537,659.00	\$537,659.00	\$0.00

2.1

Priority Creditor's Name  
**IRS**  
PO Box 7346  
Philadelphia, PA 19101  
Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 Check if this claim is for a community debt  
Is the claim subject to offset?  
 No  
 Yes

Last 4 digits of account number \_\_\_\_\_

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply

- Contingent  
 Unliquidated  
 Disputed

Type of PRIORITY unsecured claim:

- Domestic support obligations  
 Taxes and certain other debts you owe the government  
 Claims for death or personal injury while you were intoxicated  
 Other. Specify \_\_\_\_\_

**Part 2: List All of Your NONPRIORITY Unsecured Claims**

3. Do any creditors have nonpriority unsecured claims against you?

No. You have nothing to report in this part. Submit this form to the court with your other schedules.  
 Yes.

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

Total claim \_\_\_\_\_

Debtor 1 Nancy Kimball Mellon

Case number (if known)

8:16-bk-06284

4.1

Aes/goal Financial

Nonpriority Creditor's Name

PO Box 61047  
Harrisburg, PA 17106

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 Check if this claim is for a community debt

Is the claim subject to offset?

- No  
 Yes

Last 4 digits of account number

0001

\$36,924.00

Opened 08/05 Last Active

6/30/16

As of the date you file, the claim is: Check all that apply

- Contingent  
 Unliquidated  
 Disputed

Type of NONPRIORITY unsecured claim:

- Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify \_\_\_\_\_

**Educational**

4.2

Blaine Kern Artists, Inc

Nonpriority Creditor's Name

1380 Port of New Orleans PI  
New Orleans, LA 70130

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 Check if this claim is for a community debt

Is the claim subject to offset?

- No  
 Yes

Last 4 digits of account number

\$3,265.00

When was the debt incurred? 5/26/2016

As of the date you file, the claim is: Check all that apply

- Contingent  
 Unliquidated  
 Disputed

Type of NONPRIORITY unsecured claim:

- Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify Goods / Services - Art / Props

4.3

Chase Card

Nonpriority Creditor's Name

Po Box 15298Wilmington, DE 19850

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 Check if this claim is for a community debt

Is the claim subject to offset?

- No  
 Yes

Last 4 digits of account number

0071

\$12,440.00

Opened 07/02 Last Active

8/22/14

As of the date you file, the claim is: Check all that apply

- Contingent  
 Unliquidated  
 Disputed

Type of NONPRIORITY unsecured claim:

- Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts

**Credit Card - Disputed because of 1099-C cancellation of debt form dated 12/31/2015 (form sent to both Debtor and Co-Debtor, essentially Debt cancelled twice).**

Debtor 1 Nancy Kimball Mellon

Case number (if known)

8:16-bk-06284

4.4

Chase Card

Nonpriority Creditor's Name

Last 4 digits of account number

2467

\$638.00

Po Box 15298  
Wilmington, DE 19850Opened 06/02 Last Active  
6/10/16

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 Check if this claim is for a community debt

Is the claim subject to offset?

- No  
 Yes

As of the date you file, the claim is: Check all that apply

- Contingent  
 Unliquidated  
 Disputed

Type of NONPRIORITY unsecured claim:

- Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts

 Other. Specify Credit Card

4.5

Electric Eels, Inc.

Nonpriority Creditor's Name

13014 Glen Eagles PI  
Riverview, FL 33579

Last 4 digits of account number

8321

\$2,885.00

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 Check if this claim is for a community debt

Is the claim subject to offset?

- No  
 Yes

As of the date you file, the claim is: Check all that apply

- Contingent  
 Unliquidated  
 Disputed

Type of NONPRIORITY unsecured claim:

- Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts

 Other. Specify Home and Yard Services

4.6

Gulf Coast Collection Bureau

Nonpriority Creditor's Name

5630 Marquesas Cir  
Sarasota, FL 34233

Last 4 digits of account number

8550

\$90.58

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 Check if this claim is for a community debt

Is the claim subject to offset?

- No  
 Yes

When was the debt incurred?

9/24/15

As of the date you file, the claim is: Check all that apply

- Contingent  
 Unliquidated  
 Disputed

Type of NONPRIORITY unsecured claim:

- Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts

**Medical Services - Disputed - Insurance  
Billing Error - US Physicians Group  
Original Creditor**

Debtor 1 Nancy Kimball Mellon

Case number (if known)

8:16-bk-06284

4.7

**Gulf Coast Collection Bureau**

Nonpriority Creditor's Name

**5630 Marquesas Cir  
Sarasota, FL 34233**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 Check if this claim is for a community debt

Is the claim subject to offset?

- No

Yes

Last 4 digits of account number

9152\$230.40

When was the debt incurred?

8/1/14

As of the date you file, the claim is: Check all that apply

- Contingent  
 Unliquidated  
 Disputed

**Type of NONPRIORITY unsecured claim:**

- Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts

**Medical Services - Disputed - Insurance  
Billing Error - US Physicians Group**

- Other. Specify Original Creditor

4.8

**Gulf Coast Collection Bureau**

Nonpriority Creditor's Name

**5630 Marquesas Cir  
Sarasota, FL 34233**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 Check if this claim is for a community debt

Is the claim subject to offset?

- No

Yes

Last 4 digits of account number

9152\$648.48

When was the debt incurred?

8/1/14

As of the date you file, the claim is: Check all that apply

- Contingent  
 Unliquidated  
 Disputed

**Type of NONPRIORITY unsecured claim:**

- Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts

**Medical Services - Disputed - Insurance  
Billing Error - US Physicians Group**

- Other. Specify Original Creditor

4.9

**Morgan Stanley**

Nonpriority Creditor's Name

**Smith Barney LLC  
c/o Jaffe & Asher  
600 Third Ave  
New York, NY 10016**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 Check if this claim is for a community debt

Is the claim subject to offset?

- No

Yes

Last 4 digits of account number

2815\$41,542.22

When was the debt incurred?

2/10/15

As of the date you file, the claim is: Check all that apply

- Contingent  
 Unliquidated  
 Disputed

**Type of NONPRIORITY unsecured claim:**

- Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts

**Judgement Creditor - amount disputed  
subsequent payments made to creditor**

Debtor 1 Nancy Kimball Mellon

Case number (if known)

8:16-bk-06284

<p><b>4.1 0</b></p> <p><b>Robin Lester</b> Nonpriority Creditor's Name <b>722 South Boulevard</b> <b>Tampa, FL 33606</b></p> <p>Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <u>                                  \$3,800.00</u></p> <p>When was the debt incurred? <u>7/19/2016</u></p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <u>Claim for reimbursement for Outback Bowl Donation</u></p>
<p><b>4.1 1</b></p> <p><b>Sentry Credit</b> Nonpriority Creditor's Name <b>2809 Grand Ave</b> <b>Everett, WA 98201</b></p> <p>Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <u>3988</u> <u>\$7,647.00</u></p> <p>When was the debt incurred?</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <u>08 Nordstrom Fsb</u></p>
<p><b>4.1 2</b></p> <p><b>UBS Financial Services, Inc</b> Nonpriority Creditor's Name <b>c/o Michael D. Lee, Esq.</b> <b>180 N Stetson Ave, Ste 3700</b> <b>Chicago, IL 60601</b></p> <p>Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <u>                                  \$69,050.00</u></p> <p>When was the debt incurred?</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <u>FINRA Arbitration Case Number 15-03339</u></p>

Debtor 1 Nancy Kimball Mellon

Case number (if known)

8:16-bk-062844.1  
3Usaa Savings Bank

Nonpriority Creditor's Name

Last 4 digits of account number

2020\$4,964.00Po Box 47504  
San Antonio, TX 78265

When was the debt incurred?

Opened 7/24/11 Last Active  
10/04/15

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 Check if this claim is for a community debt

Is the claim subject to offset?

- No  
 Yes

As of the date you file, the claim is: Check all that apply

- Contingent  
 Unliquidated  
 Disputed

Type of NONPRIORITY unsecured claim:

- Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts

**Credit Card - Disputed - Debtor only has 2 accounts with USAA**4.1  
4Usaa Savings Bank

Nonpriority Creditor's Name

Last 4 digits of account number

5927\$3,012.00Po Box 47504  
San Antonio, TX 78265

When was the debt incurred?

Opened 12/98 Last Active  
2/26/16

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 Check if this claim is for a community debt

Is the claim subject to offset?

- No  
 Yes

As of the date you file, the claim is: Check all that apply

- Contingent  
 Unliquidated  
 Disputed

Type of NONPRIORITY unsecured claim:

- Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts

**Credit Card**4.1  
5Usaa Savings Bank

Nonpriority Creditor's Name

Last 4 digits of account number

1283\$1,748.00Po Box 47504  
San Antonio, TX 78265

When was the debt incurred?

Opened 07/11 Last Active  
3/25/16

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 Check if this claim is for a community debt

Is the claim subject to offset?

- No  
 Yes

As of the date you file, the claim is: Check all that apply

- Contingent  
 Unliquidated  
 Disputed

Type of NONPRIORITY unsecured claim:

- Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts

**Credit Card****Part 3: List Others to Be Notified About a Debt That You Already Listed**

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you

Debtor 1 Nancy Kimball MellonCase number (if known) 8:16-bk-06284

have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

## Name and Address

**Gulf Coast Collection Bureau**  
PO Box 21239  
Sarasota, FL 34276

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.6 of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

## Name and Address

**Gulf Coast Collection Bureau**  
PO Box 21239  
Sarasota, FL 34276

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.7 of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

## Name and Address

**Gulf Coast Collection Bureau**  
PO Box 21239  
Sarasota, FL 34276

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.8 of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

**Part 4: Add the Amounts for Each Type of Unsecured Claim**

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

Total claims from Part 1

6a. Domestic support obligations	6a. \$ <u>0.00</u>
----------------------------------	--------------------

6b. Taxes and certain other debts you owe the government	6b. \$ <u>537,659.00</u>
6c. Claims for death or personal injury while you were intoxicated	6c. \$ <u>0.00</u>
6d. Other. Add all other priority unsecured claims. Write that amount here.	6d. \$ <u>0.00</u>

6e. Total Priority. Add lines 6a through 6d.	6e. \$ <u>537,659.00</u>
--	--------------------------

Total claims from Part 2

6f. Student loans	6f. \$ <u>36,924.00</u>
-------------------	-------------------------

6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g. \$ <u>0.00</u>
6h. Debts to pension or profit-sharing plans, and other similar debts	6h. \$ <u>0.00</u>
6i. Other. Add all other nonpriority unsecured claims. Write that amount here.	6i. \$ <u>151,960.68</u>

6j. Total Nonpriority. Add lines 6f through 6i.	6j. \$ <u>188,884.68</u>
---	--------------------------

Fill in this information to identify your case:

Debtor 1	<b>Nancy Kimball Mellon</b>		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	MIDDLE DISTRICT OF FLORIDA		
Case number (if known)	8:16-bk-06284		

Check if this is an amended filing

## Official Form 106G

### Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- Do you have any executory contracts or unexpired leases?**
  - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B:Property* (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.**

Person or company with whom you have the contract or lease <small>Name, Number, Street, City, State and ZIP Code</small>	State what the contract or lease is for
2.1 Bmw Financial Services 5515 Parkcenter Cir Dublin, OH 43017	Acct# 4002292614 Opened 12/28/15 AutoLease
2.2 Bmw Financial Services 5515 Parkcenter Cir Dublin, OH 43017	Acct# 4002300117 Opened 1/08/16 AutoLease

Fill in this information to identify your case:

Debtor 1	<b>Nancy Kimball Mellon</b>		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: <u>MIDDLE DISTRICT OF FLORIDA</u>			
Case number (if known)	<u>8:16-bk-06284</u>		

Check if this is an amended filing

## Official Form 106H Schedule H: Your Codebtors

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

1. Do you have any codebtors? (If you are filing a joint case, do not list either spouse as a codebtor.)

- No  
 Yes

2. Within the last 8 years, have you lived in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

- No. Go to line 3.  
 Yes. Did your spouse, former spouse, or legal equivalent live with you at the time?

3. In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule G to fill out Column 2.

**Column 1: Your codebtor**  
Name, Number, Street, City, State and ZIP Code

**Column 2: The creditor to whom you owe the debt**  
Check all schedules that apply:

3.1 **Mark Mellon**  
1015 Symphony Isles Blvd  
Apollo Beach, FL 33572

Schedule D, line 2.1  
 Schedule E/F, line \_\_\_\_\_  
 Schedule G \_\_\_\_\_  
Bank of Tampa

3.2 **Mark Mellon**  
1015 Symphony Isles Blvd  
Apollo Beach, FL 33572

Schedule D, line 2.2  
 Schedule E/F, line \_\_\_\_\_  
 Schedule G \_\_\_\_\_  
Bank of Tampa

3.3 **Mark Mellon**  
1015 Symphony Isles Blvd  
Apollo Beach, FL 33572

Schedule D, line 2.5  
 Schedule E/F, line \_\_\_\_\_  
 Schedule G \_\_\_\_\_  
Rushmore Loan Mgmt Ser

Debtor 1 Nancy Kimball MellonCase number (if known) 8:16-bk-06284**Additional Page to List More Codebtors****Column 1: Your codebtor****Column 2: The creditor to whom you owe the debt**  
Check all schedules that apply:

3.4 **Mark Mellon**  
**1015 Symphony Isles Blvd**  
**Apollo Beach, FL 33572**

 Schedule D, line 2.6 Schedule E/F, line \_\_\_\_\_ Schedule G \_\_\_\_\_**Small Business Admin**

3.5 **Mark Mellon**  
**1015 Symphony Isles Blvd**  
**Apollo Beach, FL 33572**

 Schedule D, line 2.7 Schedule E/F, line \_\_\_\_\_ Schedule G \_\_\_\_\_**Statebridge Company**

3.6 **Mark Mellon**  
**1015 Symphony Isles Blvd**  
**Apollo Beach, FL 33572**

 Schedule D, line 2.8 Schedule E/F, line \_\_\_\_\_ Schedule G \_\_\_\_\_**Symphony Isles Master Ass**

Fill in this information to identify your case:

Debtor 1	<u>Nancy Kimball Mellon</u>
Debtor 2 (Spouse, if filing)	
United States Bankruptcy Court for the:	<u>MIDDLE DISTRICT OF FLORIDA</u>
Case number (If known)	<u>8:16-bk-06284</u>

Check if this is:

- An amended filing  
 A supplement showing postpetition chapter 13 income as of the following date:  
MM / DD / YYYY

## Official Form 106I

### Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

#### Part 1: Describe Employment

1. Fill in your employment information.

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

#### Employment status

#### Debtor 1

#### Debtor 2 or non-filing spouse

Employed

Employed

Not employed

Not employed

#### Occupation

#### Private Wealth Mgr

#### Sales Mgr

#### Employer's name

#### Wells Fargo Advisors

#### Valmont Industries

#### Employer's address

4030 W Boy Scout Blvd #150  
Tampa, FL 33602

1 Valmont Plaza  
Omaha, NE 68154

#### How long employed there?

3 yrs 10 mo

approx 30 yrs

#### Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

For Debtor 1	For Debtor 2 or non-filing spouse
--------------	-----------------------------------

2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.
3. Estimate and list monthly overtime pay.
4. Calculate gross Income. Add line 2 + line 3.

2. \$ <u>15,500.00</u>	\$ <u>12,000.00</u>
3. +\$ <u>0.00</u>	+\$ <u>0.00</u>
4. \$ <u>15,500.00</u>	\$ <u>12,000.00</u>

Debtor 1 Nancy Kimball MellonCase number (if known) 8:16-bk-06284

Copy line 4 here .....

	For Debtor 1	For Debtor 2 or non-filing spouse
4.	\$ <u>15,500.00</u>	\$ <u>12,000.00</u>

**5. List all payroll deductions:**

- 5a. Tax, Medicare, and Social Security deductions  
 5b. Mandatory contributions for retirement plans  
 5c. Voluntary contributions for retirement plans  
 5d. Required repayments of retirement fund loans  
 5e. Insurance  
 5f. Domestic support obligations  
 5g. Union dues  
 5h. Other deductions. Specify: Deferred Compensation

5a.	\$ <u>1,800.00</u>	\$ <u>3,400.00</u>
5b.	\$ <u>0.00</u>	\$ <u>0.00</u>
5c.	\$ <u>1,500.00</u>	\$ <u>1,500.00</u>
5d.	\$ <u>600.00</u>	\$ <u>620.00</u>
5e.	\$ <u>4,966.94</u>	\$ <u>0.00</u>
5f.	\$ <u>0.00</u>	\$ <u>0.00</u>
5g.	\$ <u>0.00</u>	\$ <u>0.00</u>
5h.+	\$ <u>4,400.00</u>	+ \$ <u>0.00</u>

6. Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.

6. \$ 13,266.94 \$ 5,520.00

7. Calculate total monthly take-home pay. Subtract line 6 from line 4.

7. \$ 2,233.06 \$ 6,480.00**8. List all other income regularly received:**

- 8a. Net income from rental property and from operating a business, profession, or farm

Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.

8a. \$ 0.00 \$ 0.00

- 8b. Interest and dividends

8b. \$ 0.00 \$ 0.00

- 8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive

Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.

8c. \$ 0.00 \$ 0.00

- 8d. Unemployment compensation

8d. \$ 0.00 \$ 0.00

- 8e. Social Security

8e. \$ 0.00 \$ 0.00

- 8f. Other government assistance that you regularly receive

Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.

Specify: \_\_\_\_\_

8f. \$ 0.00 \$ 0.00

- 8g. Pension or retirement income

8g. \$ 0.00 \$ 0.00

- 8h. Other monthly income. Specify: \_\_\_\_\_

8h.+ \$ 0.00 + \$ 0.00

9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.

9. \$ 0.00 \$ 0.00

10. Calculate monthly income. Add line 7 + line 9.

10. \$ 2,233.06 + \$ 6,480.00 = \$ 8,713.06

Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.

**11. State all other regular contributions to the expenses that you list in Schedule J.**

Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.

Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J.

Specify: \_\_\_\_\_

11. +\$ 0.00**12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income.**

Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies

12. \$ 8,713.06

Combined  
monthly income

**13. Do you expect an increase or decrease within the year after you file this form?**

No.

Yes. Explain: \_\_\_\_\_

Fill in this information to identify your case:

Debtor 1	<u>Nancy Kimball Mellon</u>
Debtor 2 (Spouse, if filing)	
United States Bankruptcy Court for the:	<u>MIDDLE DISTRICT OF FLORIDA</u>
Case number (If known)	<u>8:16-bk-06284</u>

Check if this is:

- An amended filing  
 A supplement showing postpetition chapter 13 expenses as of the following date:

MM / DD / YYYY

## Official Form 106J

### Schedule J: Your Expenses

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

#### Part 1: Describe Your Household

##### 1. Is this a joint case?

No. Go to line 2.

Yes. Does Debtor 2 live in a separate household?

No

Yes. Debtor 2 must file Official Form 106J-2, Expenses for Separate Household of Debtor 2.

##### 2. Do you have dependents? No

Do not list Debtor 1 and  
Debtor 2.

Yes. Fill out this information for  
each dependent.....

Dependent's relationship to  
Debtor 1 or Debtor 2

Dependent's  
age

Does dependent  
live with you?

- No  
 Yes  
 No  
 Yes  
 No  
 Yes  
 No  
 Yes

Do not state the  
dependents names.

Daughter

14

Son

17

##### 3. Do your expenses include expenses of people other than yourself and your dependents? No Yes

#### Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know  
the value of such assistance and have included it on Schedule I: Your Income  
(Official Form 106I.)

Your expenses

##### 4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

4. \$ 10,000.00

If not included in line 4:

- 4a. Real estate taxes  
 4b. Property, homeowner's, or renter's insurance  
 4c. Home maintenance, repair, and upkeep expenses  
 4d. Homeowner's association or condominium dues

4a. \$ 0.00

4b. \$ 0.00

4c. \$ 500.00

4d. \$ 350.00

##### 5. Additional mortgage payments for your residence, such as home equity loans

5. \$ 0.00

Debtor 1 Nancy Kimball MellonCase number (if known) 8:16-bk-06284**6. Utilities:**

- 6a. Electricity, heat, natural gas 600.00  
 6b. Water, sewer, garbage collection 100.00  
 6c. Telephone, cell phone, Internet, satellite, and cable services 200.00  
 6d. Other. Specify: Gas - Heritage Propane 250.00

**7. Food and housekeeping supplies****8. Childcare and children's education costs****9. Clothing, laundry, and dry cleaning****10. Personal care products and services****11. Medical and dental expenses****12. Transportation.** Include gas, maintenance, bus or train fare.

Do not include car payments.

**13. Entertainment, clubs, recreation, newspapers, magazines, and books****14. Charitable contributions and religious donations****15. Insurance.**

Do not include insurance deducted from your pay or included in lines 4 or 20.

- 15a. Life insurance 0.00  
 15b. Health insurance 0.00  
 15c. Vehicle insurance 500.00  
 15d. Other insurance. Specify: 0.00

**16. Taxes.** Do not include taxes deducted from your pay or included in lines 4 or 20.

Specify: \_\_\_\_\_

16. 0.00**17. Installment or lease payments:**

- 17a. Car payments for Vehicle 1 0.00  
 17b. Car payments for Vehicle 2 0.00  
 17c. Other. Specify: \_\_\_\_\_ 0.00  
 17d. Other. Specify: \_\_\_\_\_ 0.00

**18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).****19. Other payments you make to support others who do not live with you.**

Specify: \_\_\_\_\_

19. 0.00**20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.**

- 20a. Mortgages on other property 0.00  
 20b. Real estate taxes 0.00  
 20c. Property, homeowner's, or renter's insurance 0.00  
 20d. Maintenance, repair, and upkeep expenses 0.00  
 20e. Homeowner's association or condominium dues 0.00

**21. Other:** Specify: \_\_\_\_\_21. +\$0.00**22. Calculate your monthly expenses**

22a. Add lines 4 through 21.

22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2

22c. Add line 22a and 22b. The result is your monthly expenses.

\$	<u>24,695.00</u>
\$	<u>24,695.00</u>
\$	<u>24,695.00</u>

**23. Calculate your monthly net income.**

23a. Copy line 12 (your combined monthly income) from Schedule I.

23b. Copy your monthly expenses from line 22c above.

23a. \$8,713.06  
23b. -\$24,695.00

23c. Subtract your monthly expenses from your monthly income.

The result is your monthly net income.

23c. \$-15,981.94**24. Do you expect an increase or decrease in your expenses within the year after you file this form?**

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

 No. Yes.

Explain here: \_\_\_\_\_

## Fill in this information to identify your case:

Debtor 1	<b>Nancy Kimball Mellon</b>		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	<u>MIDDLE DISTRICT OF FLORIDA</u>		
Case number (if known)	<u>8:16-bk-06284</u>		

Check if this is an amended filing

## Official Form 106Dec

**Declaration About an Individual Debtor's Schedules**

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.



Sign Below

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

No

Yes. Name of person \_\_\_\_\_

Attach *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119)

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

X

  
Nancy Kimball Mellon  
Signature of Debtor 1

X

\_\_\_\_\_  
Signature of Debtor 2

Date August 17, 2016

Date \_\_\_\_\_

Fill in this information to identify your case:

Debtor 1 Nancy Kimball Mellon

Debtor 2 \_\_\_\_\_  
(Spouse, if filing)

United States Bankruptcy Court for the: Middle District of Florida

Case number 8:16-bk-06284  
(if known)

Check as directed in lines 17 and 21:

According to the calculations required by this Statement:

- 1. Disposable income is not determined under 11 U.S.C. § 1325(b)(3).
- 2. Disposable income is determined under 11 U.S.C. § 1325(b)(3).
- 3. The commitment period is 3 years.
- 4. The commitment period is 5 years.

Check if this is an amended filing

## Official Form 122C-1

### Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

#### Part 1: Calculate Your Average Monthly Income

1. What is your marital and filing status? Check one only.
  - Not married. Fill out Column A, lines 2-11.
  - Married. Fill out both Columns A and B, lines 2-11.

Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space.

	Column A Debtor 1	Column B Debtor 2 or non-filing spouse
2. Your gross wages, salary, tips, bonuses, overtime, and commissions (before all payroll deductions).	\$ <u>19,635.09</u>	\$ <u>12,406.16</u>
3. Alimony and maintenance payments. Do not include payments from a spouse if Column B is filled in.	\$ <u>0.00</u>	\$ <u>0.00</u>
4. All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support. Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Include regular contributions from a spouse only if Column B is not filled in. Do not include payments you listed on line 3.	\$ <u>0.00</u>	\$ <u>0.00</u>
5. Net income from operating a business, profession, or farm	<b>Debtor 1</b>	
Gross receipts (before all deductions)	\$ <u>0.00</u>	
Ordinary and necessary operating expenses	-\$ <u>0.00</u>	
Net monthly income from a business, profession, or farm	\$ <u>0.00</u>	Copy here -> \$ <u>0.00</u>
6. Net income from rental and other real property	<b>Debtor 1</b>	
Gross receipts (before all deductions)	\$ <u>0.00</u>	
Ordinary and necessary operating expenses	-\$ <u>0.00</u>	
Net monthly income from rental or other real property	\$ <u>0.00</u>	Copy here -> \$ <u>0.00</u>

Debtor 1 **Nancy Kimball Mellon**

Case number (if known)

**8:16-bk-06284****7. Interest, dividends, and royalties****8. Unemployment compensation**

Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here:

For you \$ 0.00  
 For your spouse \$ 0.00

**9. Pension or retirement income.** Do not include any amount received that was a benefit under the Social Security Act.\$ 0.00 \$ 0.00**10. Income from all other sources not listed above.** Specify the source and amount.  
 Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism. If necessary, list other sources on a separate page and put the total below.

\$ 0.00 \$ 0.00  
 \$ 0.00 \$ 0.00

Total amounts from separate pages, if any.

+ \$ 0.00 \$ 0.00

**11. Calculate your total average monthly income.** Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B.

\$ <u>19,635.09</u>	+ \$ <u>12,406.16</u>	= \$ <u>32,041.25</u>
---------------------	-----------------------	-----------------------

Total average monthly income

**Part 2: Determine How to Measure Your Deductions from Income****12. Copy your total average monthly income from line 11.** \$ 32,041.25**13. Calculate the marital adjustment.** Check one:

- You are not married. Fill in 0 below.
- You are married and your spouse is filing with you. Fill in 0 below.
- You are married and your spouse is not filing with you.

Fill in the amount of the income listed in line 11, Column B, that was NOT regularly paid for the household expenses of you or your dependents, such as payment of the spouse's tax liability or the spouse's support of someone other than you or your dependents.

Below, specify the basis for excluding this income and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page.

If this adjustment does not apply, enter 0 below.

\$ \_\_\_\_\_  
 \_\_\_\_\_  
 +\$ \_\_\_\_\_  
 Total \$ 0.00 Copy here=> - 0.00

**14. Your current monthly income.** Subtract line 13 from line 12.\$ 32,041.25**15. Calculate your current monthly income for the year.** Follow these steps:

15a. Copy line 14 here=> \$ 32,041.25

Multiply line 15a by 12 (the number of months in a year).

x 12

15b. The result is your current monthly income for the year for this part of the form. ....

\$ 384,495.00

Debtor 1 **Nancy Kimball Mellon**

Case number (if known)

**8:16-bk-06284****16. Calculate the median family income that applies to you. Follow these steps:**

16a. Fill in the state in which you live.

**FL**

16b. Fill in the number of people in your household.

**4**

16c. Fill in the median family income for your state and size of household.

\$ **66,588.00**

To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office.

**17. How do the lines compare?**17a.  Line 15b is less than or equal to line 16c. On the top of page 1 of this form, check box 1, *Disposable income is not determined under 11 U.S.C. § 1325(b)(3). Go to Part 3.* Do NOT fill out *Calculation of Your Disposable Income* (Official Form 122C-2).17b.  Line 15b is more than line 16c. On the top of page 1 of this form, check box 2, *Disposable income is determined under 11 U.S.C. § 1325(b)(3). Go to Part 3 and fill out Calculation of Your Disposable Income* (Official Form 122C-2). On line 39 of that form, copy your current monthly income from line 14 above.**Part 3: Calculate Your Commitment Period Under 11 U.S.C. § 1325(b)(4)**18. Copy your total average monthly income from line 11. \$ **32,041.25**

19. Deduct the marital adjustment if it applies. If you are married, your spouse is not filing with you, and you contend that calculating the commitment period under 11 U.S.C. § 1325(b)(4) allows you to deduct part of your spouse's income, copy the amount from line 13.

19a. If the marital adjustment does not apply, fill in 0 on line 19a.

-\$ **0.00**

19b. Subtract line 19a from line 18.

\$ **32,041.25**

## 20. Calculate your current monthly income for the year. Follow these steps:

20a. Copy line 19b. \$ **32,041.25**

Multiply by 12 (the number of months in a year).

**x 12**

20b. The result is your current monthly income for the year for this part of the form

\$ **384,495.00**

20c. Copy the median family income for your state and size of household from line 16c.

\$ **66,588.00****21. How do the lines compare?** Line 20b is less than line 20c. Unless otherwise ordered by the court, on the top of page 1 of this form, check box 3, *The commitment period is 3 years.* Go to Part 4. Line 20b is more than or equal to line 20c. Unless otherwise ordered by the court, on the top of page 1 of this form, check box 4, *The commitment period is 5 years.* Go to Part 4.**Part 4: Sign Below**

By signing here, under penalty of perjury I declare that the information on this statement and in any attachments is true and correct.

**Nancy Kimball Mellon**  
Signature of Debtor 1Date **August 17, 2016**

MM / DD / YYYY

If you checked 17a, do NOT fill out or file Form 122C-2.

If you checked 17b, fill out Form 122C-2 and file it with this form. On line 39 of that form, copy your current monthly income from line 14 above.

Fill in this information to identify your case:

Debtor 1	<u>Nancy Kimball Mellon</u>
Debtor 2 (Spouse, if filing)	
United States Bankruptcy Court for the:	<u>Middle District of Florida</u>
Case number (if known)	<u>8:16-bk-06284</u>

Check if this is an amended filing

Official Form 122C-2

## Chapter 13 Calculation of Your Disposable Income

04/16

To fill out this form, you will need your completed copy of *Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period* (Official Form 122C-1).

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which additional information applies. On the top any additional pages, write your name and case number (if known).

**Part 1: Calculate Your Deductions from Your Income**

The Internal Revenue Service (IRS) issues National and Local Standards for certain expense amounts. Use these amounts to answer the questions in lines 6-15. To find the IRS standards, go online using the link specified in the separate instructions for this form. This information may also be available at the bankruptcy clerk's office.

Deduct the expense amounts set out in lines 6-15 regardless of your actual expense. In later parts of the form, you will use some of your actual expenses if they are higher than the standards. Do not include any operating expenses that you subtracted from income in lines 5 and 6 of Form 122C-1, and do not deduct any amounts that you subtracted from your spouse's income in line 13 of Form 122C-1.

If your expenses differ from month to month, enter the average expense.

Note: Line numbers 1-4 are not used in this form. These numbers apply to information required by a similar form used in chapter 7 cases.

**5. The number of people used in determining your deductions from income**

Fill in the number of people who could be claimed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support. This number may be different from the number of people in your household.

**4**

**National Standards**

You must use the IRS National Standards to answer the questions in lines 6-7.

- |   |                    |
|---|--------------------|
| 6. <b>Food, clothing, and other items:</b> Using the number of people you entered in line 5 and the IRS National Standards, fill in the dollar amount for food, clothing, and other items.  | \$ <u>1,509.00</u> |
| 7. <b>Out-of-pocket health care allowance:</b> Using the number of people you entered in line 5 and the IRS National Standards, fill in the dollar amount for out-of-pocket health care. The number of people is split into two categories--people who are under 65 and people who are 65 or older--because older people have a higher IRS allowance for health care costs. If your actual expenses are higher than this IRS amount, you may deduct the additional amount on line 22. |                    |

Debtor 1 Nancy Kimball Mellon

Case number (if known)

8:16-bk-06284

**People who are under 65 years of age**

7a. Out-of-pocket health care allowance per person \$ 54  
 7b. Number of people who are under 65 X 3  
 7c. Subtotal. Multiply line 7a by line 7b. \$ 162.00 Copy here=> \$ 162.00

**People who are 65 years of age or older**

7d. Out-of-pocket health care allowance per person \$ 130  
 7e. Number of people who are 65 or older X 1  
 7f. Subtotal. Multiply line 7d by line 7e. \$ 130.00 Copy here=> \$ 130.00

7g. Total. Add line 7c and line 7f \$ 292.00 Copy total here=> \$ 292.00

**Local Standards** You must use the IRS Local Standards to answer the questions in lines 8-15.

Based on information from the IRS, the U.S. Trustee Program has divided the IRS Local Standard for housing for bankruptcy purposes into two parts:

■ **Housing and utilities - Insurance and operating expenses**

■ **Housing and utilities - Mortgage or rent expenses**

To answer the questions in lines 8-9, use the U.S. Trustee Program chart. To find the chart, go online using the link specified in the separate instructions for this form. This chart may also be available at the bankruptcy clerk's office.

8. **Housing and utilities - Insurance and operating expenses:** Using the number of people you entered in line 5, fill in the dollar amount listed for your county for insurance and operating expenses. \$ 613.00

9. **Housing and utilities - Mortgage or rent expenses:**

9a. Using the number of people you entered in line 5, fill in the dollar amount listed for your county for mortgage or rent expenses. \$ 1,404.00

9b. Total average monthly payment for all mortgages and other debts secured by your home.

To calculate the total average monthly payment, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Next divide by 60.

Name of the creditor	Average monthly payment
Bank of Tampa	\$ <u>661.00</u>
Rushmore Loan Mgmt Ser	\$ <u>1,725.48</u>
Statebridge Company	\$ <u>6,850.00</u>

9b. Total average monthly payment \$ 9,236.48

Copy here=> -\$ 9,236.48 Repeat this amount on line 33a.

9c. Net mortgage or rent expense.

Subtract line 9b (total average monthly payment) from line 9a (mortgage or rent expense). If this number is less than \$0, enter \$0.

\$ <u>0.00</u>	Copy here=> \$ <u>0.00</u>
----------------	----------------------------

10. If you claim that the U.S. Trustee Program's division of the IRS Local Standard for housing is incorrect and affects the calculation of your monthly expenses, fill in any additional amount you claim. \$ 0.00

Explain why: \_\_\_\_\_

Debtor 1 Nancy Kimball Mellon

Case number (if known)

8:16-bk-06284

**11. Local transportation expenses:** Check the number of vehicles for which you claim an ownership or operating expense.

0. Go to line 14.
1. Go to line 12.
- 2 or more. Go to line 12.

**12. Vehicle operation expense:** Using the IRS Local Standards and the number of vehicles for which you claim the operating expenses, fill in the *Operating Costs* that apply for your Census region or metropolitan statistical area. \$ **440.00**

**13. Vehicle ownership or lease expense:** Using the IRS Local Standards, calculate the net ownership or lease expense for each vehicle below. You may not claim the expense if you do not make any loan or lease payments on the vehicle. In addition, you may not claim the expense for more than two vehicles.

**Vehicle 1 Describe Vehicle 1: BMW --- 2 BMW Leases (see Schedule G)**

13a. Ownership or leasing costs using IRS Local Standard..... \$ **471.00**

13b. Average monthly payment for all debts secured by Vehicle 1.

Do not include costs for leased vehicles.

To calculate the average monthly payment here and on line 13e, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Then divide by 60.

Name of each creditor for Vehicle 1	Average monthly payment	
BMW Financial Services	\$ 885.00	
Total Average Monthly Payment	\$ 885.00	Copy here => -\$ <b>885.00</b> <small>Repeat this amount on line 33b.</small>

13c. Net Vehicle 1 ownership or lease expense  
 Subtract line 13b from line 13a. if this number is less than \$0, enter \$0. .... \$ **0.00**

Copy net Vehicle 1 expense here => \$ **0.00**

**Vehicle 2 Describe Vehicle 2: BMW --- 2 BMW Leases (see Schedule G)**

13d. Ownership or leasing costs using IRS Local Standard..... \$ **471.00**

13e. Average monthly payment for all debts secured by Vehicle 2. Do not include costs for leased vehicles.

Name of each creditor for Vehicle 2	Average monthly payment	
BMW Financial Services	\$ 661.00	
Total average monthly payment	\$ 661.00	Copy here => -\$ <b>661.00</b> <small>Repeat this amount on line 33c.</small>

13f. Net Vehicle 2 ownership or lease expense  
 Subtract line 13e from line 13d. if this number is less than \$0, enter \$0. .... \$ **0.00**

Copy net Vehicle 2 expense here => \$ **0.00**

**14. Public transportation expense:** If you claimed 0 vehicles in line 11, using the IRS Local Standards, fill in the *Public Transportation* expense allowance regardless of whether you use public transportation. \$ **0.00**

**15. Additional public transportation expense:** If you claimed 1 or more vehicles in line 11 and if you claim that you may also deduct a public transportation expense, you may fill in what you believe is the appropriate expense, but you may not claim more than the IRS Local Standard for *Public Transportation*. \$ **0.00**

Debtor 1 Nancy Kimball Mellon

Case number (if known)

8:16-bk-06284

**Other Necessary Expenses** In addition to the expense deductions listed above, you are allowed your monthly expenses for the following IRS categories.

16. **Taxes:** The total monthly amount that you will actually pay for federal, state and local taxes, such as income taxes, self-employment taxes, social security taxes, and Medicare taxes. You may include the monthly amount withheld from your pay for these taxes. However, if you expect to receive a tax refund, you must divide the expected refund by 12 and subtract that number from the total monthly amount that is withheld to pay for taxes.  
Do not include real estate, sales, or use taxes. \$ 4,987.17
17. **Involuntary deductions:** The total monthly payroll deductions that your job requires, such as retirement contributions, union dues, and uniform costs.  
Do not include amounts that are not required by your job, such as voluntary 401(k) contributions or payroll savings. \$ 1,666.66
18. **Life Insurance:** The total monthly premiums that you pay for your own term life insurance. If two married people are filing together, include payments that you make for your spouse's term life insurance.  
Do not include premiums for life insurance on your dependents, for a non-filing spouse's life insurance, or for any form of life insurance other than term. \$ 0.00
19. **Court-ordered payments:** The total monthly amount that you pay as required by the order of a court or administrative agency, such as spousal or child support payments.  
Do not include payments on past due obligations for spousal or child support. You will list these obligations in line 35. \$ 0.00
20. **Education:** The total monthly amount that you pay for education that is either required:  
 as a condition for your job, or  
 for your physically or mentally challenged dependent child if no public education is available for similar services. \$ 1,500.00
21. **Childcare:** The total monthly amount that you pay for childcare, such as babysitting, daycare, nursery, and preschool.  
Do not include payments for any elementary or secondary school education. \$ 0.00
22. **Additional health care expenses, excluding insurance costs:** The monthly amount that you pay for health care that is required for the health and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health savings account. Include only the amount that is more than the total entered in line 7.  
Payments for health insurance or health savings accounts should be listed only in line 25. \$ 2,708.00
23. **Optional telephone and telephone services:** The total monthly amount that you pay for telecommunication services for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer.  
Do not include payments for basic home telephone, internet and cell phone service. Do not include self-employment expenses, such as those reported on line 5 of Official Form 122C-1, or any amount you previously deducted. +\$ 0.00
24. **Add all of the expenses allowed under the IRS expense allowances.**  
Add lines 6 through 23. \$ 13,715.83

**Additional Expense Deductions** These are additional deductions allowed by the Means Test.  
Note: Do not include any expense allowances listed in lines 6-24.

25. **Health insurance, disability insurance, and health savings account expenses.** The monthly expenses for health insurance, disability insurance, and health savings accounts that are reasonably necessary for yourself, your spouse, or your dependents.
- |                        |                    |
|------------------------|--------------------|
| Health insurance       | \$ <u>587.19</u>   |
| Disability insurance   | \$ <u>0.00</u>     |
| Health savings account | + \$ <u>473.08</u> |
| Total                  | \$ <u>1,060.27</u> |
- Do you actually spend this total amount?

No. How much do you actually spend?  
 Yes \$ \_\_\_\_\_

26. **Continued contributions to the care of household or family members.** The actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. These expenses may include contributions to an account of a qualified ABLE program. 26 U.S.C. § 529A(b) \$ 0.00
27. **Protection against family violence.** The reasonably necessary monthly expenses that you incur to maintain the safety of you and your family under the Family Violence Prevention and Services Act or other federal laws that apply.  
By law, the court must keep the nature of these expenses confidential. \$ 0.00

Debtor 1 **Nancy Kimball Mellon**

Case number (if known)

**8:16-bk-06284**

28. **Additional home energy costs.** Your home energy costs are included in your insurance and operating expenses on line 8.  
 If you believe that you have home energy costs that are more than the home energy costs included in expenses on line 8, then fill in the excess amount of home energy costs  
 You must give your case trustee documentation of your actual expenses, and you must show that the additional amount claimed is reasonable and necessary. \$ 337.00
29. **Education expenses for dependent children who are younger than 18.** The monthly expenses (not more than \$160.42\* per child) that you pay for your dependent children who are younger than 18 years old to attend a private or public elementary or secondary school.  
 You must give your case trustee documentation of your actual expenses, and you must explain why the amount claimed is reasonable and necessary and not already accounted for in lines 6-23.  
 \* Subject to adjustment on 4/01/19, and every 3 years after that for cases begun on or after the date of adjustment. \$ 0.00
30. **Additional food and clothing expense.** The monthly amount by which your actual food and clothing expenses are higher than the combined food and clothing allowances in the IRS National Standards. That amount cannot be more than 5% of the food and clothing allowances in the IRS National Standards.  
 To find a chart showing the maximum additional allowance, go online using the link specified in the separate instructions for this form. This chart may also be available at the bankruptcy clerk's office.  
 You must show that the additional amount claimed is reasonable and necessary. \$ 52.00
31. **Continuing charitable contributions.** The amount that you will continue to contribute in the form of cash or financial instruments to a religious or charitable organization. 11 U.S.C. § 548(d)(3) and (4).  
 Do not include any amount more than 15% of your gross monthly income. \$ 4,806.19
32. **Add all of the additional expense deductions.**  
 Add lines 25 through 31. \$ 6,255.46

**Deductions for Debt Payment**

33. For debts that are secured by an interest in property that you own, including home mortgages, vehicle loans, and other secured debt, fill in lines 33a through 33e.

To calculate the total average monthly payment, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Then divide by 60.

**Mortgages on your home**

33a. Copy line 9b here => \$ 9,236.48

**Loans on your first two vehicles**

33b. Copy line 13b here => \$ 885.00

33c. Copy line 13e here => \$ 661.00

33d. List other secured debts:

Name of each creditor for other secured debt

Identify property that secures the debt

Does payment include taxes or insurance?

No

Yes \$ \_\_\_\_\_

No

Yes \$ \_\_\_\_\_

No

Yes + \$ \_\_\_\_\_

-NONE-

33e Total average monthly payment. Add lines 33a through 33d \$ 10,782.48

Copy total here=> \$ 10,782.48

Debtor 1 Nancy Kimball Mellon

Case number (if known)

8:16-bk-06284

**34. Are any debts that you listed in line 33 secured by your primary residence, a vehicle, or other property necessary for your support or the support of your dependents?**

- No. Go to line 35.  
 Yes. State any amount that you must pay to a creditor, in addition to the payments listed in line 33, to keep possession of your property (called the *cure amount*). Next, divide by 60 and fill in the information below.

Name of the creditor	Identify property that secures the debt	Total cure amount	Monthly cure amount
Rushmore Loan Mgmt Ser	1013 Symphony Isles Blvd Apollo Beach, FL 33572 Hillsborough County	\$ 55,888.21	÷ 60 = \$ 931.47
Statebridge Company	1015 Symphony Isles Blvd Apollo Beach, FL 33572 Hillsborough County	\$ 138,556.02	÷ 60 = \$ 2,309.27
		\$ 3,240.74	Copy total here=> \$ 3,240.74
	Total	\$ 3,240.74	

**35. Do you owe any priority claims - such as a priority tax, child support, or alimony - that are past due as of the filing date of your bankruptcy case? 11 U.S.C. § 507.**

- No. Go to line 36.  
 Yes. Fill in the total amount of all of these priority claims. Do not include current or ongoing priority claims, such as those you listed in line 19.

Total amount of all past-due priority claims ..... \$ 537,659.00 ÷ 60 \$ 8,960.98

**36. Projected monthly Chapter 13 plan payment**

Current multiplier for your district as stated on the list issued by the Administrative Office of the United States Courts (for districts in Alabama and North Carolina) or by the Executive Office for United States Trustees (for all other districts).

To find a list of district multipliers that includes your district, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office.

Average monthly administrative expense

\$ \_\_\_\_\_ X \_\_\_\_\_

Copy total here=> \$ \_\_\_\_\_

**37. Add all of the deductions for debt payment.**

Add lines 33e through 36.

**Total Deductions from Income**

**38. Add all of the allowed deductions.**

Copy line 24, All of the expenses allowed under IRS expense allowances ..... \$ 13,715.83

Copy line 32, All of the additional expense deductions ..... \$ 6,255.46

Copy line 37, All of the deductions for debt payment ..... +\$ 22,984.20

Total deductions.....

\$ 42,955.49 Copy total here=> \$ 42,955.49

Debtor 1 Nancy Kimball Mellon

Case number (if known)

8:16-bk-06284

## Part 2: Determine Your Disposable Income Under 11 U.S.C. § 1325(b)(2)

39. Copy your total current monthly income from line 14 of Form 122C-1, *Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period*. \$ **32,041.25**
40. Fill in any reasonably necessary income you receive for support for dependent children. The monthly average of any child support payments, foster care payments, or disability payments for a dependent child, reported in Part I of Form 122C-1, that you received in accordance with applicable nonbankruptcy law to the extent reasonably necessary to be expended for such child. \$ **0.00**
41. Fill in all qualified retirement deductions. The monthly total of all amounts that your employer withheld from wages as contributions for qualified retirement plans, as specified in 11 U.S.C. § 541(b)(7) plus all required repayments of loans from retirement plans, as specified in 11 U.S.C. § 362(b)(19). \$ **0.00**
42. Total of all deductions allowed under 11 U.S.C. § 707(b)(2)(A). Copy line 38 here => \$ **42,955.49**
43. Deduction for special circumstances. If special circumstances justify additional expenses and you have no reasonable alternative, describe the special circumstances and their expenses. You must give your case trustee a detailed explanation of the special circumstances and documentation for the expenses.

## Describe the special circumstances

## Amount of expense

\$ _____
\$ _____
\$ _____

Total \$ **0.00** Copy here=> \$ **0.00**

44. Total adjustments. Add lines 40 through 43. => \$ **42,955.49** Copy here=> -\$ **42,955.49**

45. Calculate your monthly disposable income under § 1325(b)(2). Subtract line 44 from line 39.

\$ **-10,914.24**

## Part 3: Change in Income or Expenses

46. Change in income or expenses. If the income in Form 122C-1 or the expenses you reported in this form have changed or are virtually certain to change after the date you filed your bankruptcy petition and during the time your case will be open, fill in the information below. For example, if the wages reported increased after you filed your petition, check 122C-1 in the first column, enter line 2 in the second column, explain why the wages increased, fill in when the increase occurred, and fill in the amount of the increase.

Form	Line	Reason for change	Date of change	Increase or decrease?	Amount of change
<input type="checkbox"/> 122C-1				<input type="checkbox"/> Increase	\$ _____
<input type="checkbox"/> 122C-2				<input type="checkbox"/> Decrease	\$ _____
<input type="checkbox"/> 122C-1				<input type="checkbox"/> Increase	\$ _____
<input type="checkbox"/> 122C-2				<input type="checkbox"/> Decrease	\$ _____
<input type="checkbox"/> 122C-1				<input type="checkbox"/> Increase	\$ _____
<input type="checkbox"/> 122C-2				<input type="checkbox"/> Decrease	\$ _____
<input type="checkbox"/> 122C-1				<input type="checkbox"/> Increase	\$ _____
<input type="checkbox"/> 122C-2				<input type="checkbox"/> Decrease	\$ _____

Debtor 1 Nancy Kimball Mellon

Case number (if known)

8:16-bk-06284

**Part 4: Sign Below**

By signing here, under penalty of perjury you declare that the information on this statement and in any attachments is true and correct.



**Nancy Kimball Mellon**

Signature of Debtor 1

Date August 17, 2016

MM / DD / YYYY

Debtor 1 Nancy Kimball Mellon

Case number (if known)

8:16-bk-06284

### Current Monthly Income Details for the Debtor

#### Debtor Income Details:

Income for the Period 01/01/2016 to 06/30/2016.

#### Line 2 - Gross wages, salary, tips, bonuses, overtime, commissions

Source of Income: Employment - Wells Fargo

Year-to-Date Income:

Total Year-to-Date Income: \$117,810.54 from check dated 6/17/2016.

Average Monthly Income: \$19,635.09.

Debtor 1 Nancy Kimball MellonCase number (if known) 8:16-bk-06284**Current Monthly Income Details for the Debtor's Spouse****Spouse Income Details:**Income for the Period **01/01/2016 to 06/30/2016**.**Line 2 - Gross wages, salary, tips, bonuses, overtime, commissions**Source of Income: **Employment - Valmont Industries**

Year-to-Date Income:

Total Year-to-Date Income: \$74,436.96 from check dated 6/30/2016.Average Monthly Income: \$12,406.16.

**United States Bankruptcy Court  
Middle District of Florida**

In re Nancy Kimball Mellon

Debtor(s)

Case No. 8:16-bk-06284  
Chapter 13

**VERIFICATION OF CREDITOR MATRIX**

The above-named Debtor hereby verifies that the attached list of creditors is true and correct to the best of his/her knowledge.

Date: August 17, 2016

  
Nancy Kimball Mellon

Nancy Kimball Mellon  
Signature of Debtor

Nancy Kimball Mellon  
1015 Symphony Isles Blvd  
Apollo Beach, FL 33572

Gulf Coast Collection Bureau  
PO Box 21239  
Sarasota, FL 34276

Symphony Isles Master Ass  
c/o Inga Bartlett  
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Tiffany Love McElheran, Esq.  
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Aes/goal Financial  
PO Box 61047  
Harrisburg, PA 17106

Mark Mellon  
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Apollo Beach, FL 33572

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c/o Michael D. Lee, Esq.  
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Chicago, IL 60601

Bank of Tampa  
PO Box 1  
Tampa, FL 33601

Morgan Stanley  
Smith Barney LLC  
c/o Jaffe & Asher  
600 Third Ave  
New York, NY 10016

Usaa Savings Bank  
Po Box 47504  
San Antonio, TX 78265

Blaine Kern Artists, Inc  
1380 Port of New Orleans PI  
New Orleans, LA 70130

Robin Lester  
722 South Boulevard  
Tampa, FL 33606

BMW Financial Services  
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Dublin, OH 43017

Rushmore Loan Mgmt Ser  
Pob 52708  
Irvine, CA 92619

Chase Card  
Po Box 15298  
Wilmington, DE 19850

Sentry Credit  
2809 Grand Ave  
Everett, WA 98201

Electric Eels, Inc.  
13014 Gleneagles PI  
Riverview, FL 33579

Small Business Admin  
Agency of US Government  
801 Tom Martin Drive #120  
Birmingham, AL 35211

Gulf Coast Collection Bureau  
5630 Marquesas Cir  
Sarasota, FL 34233

Statebridge Company  
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Denver, CO 80237